



Benton-Franklin County Child Health Notes

*Promoting early identification and partnerships between families,
primary health care providers & the community.*



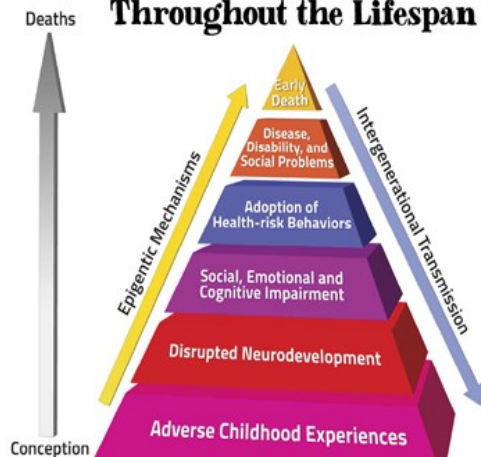
ADVERSE CHILDHOOD EXPERIENCES (ACEs)

ACEs are significant incidents during childhood which can result in harm to social, cognitive and emotional functioning. Resulting changes in brain development can affect a child's learning ability and social skills, as well as impact long-term adult health outcomes and quality of life.

Research at the Centers for Disease Control (CDC) finds that childhood trauma can take as many as 20 years off life expectancy.

*By reducing our
ability to
"bounce back,"
ACEs may
directly reduce
our health,
social and
economic well-
being.*

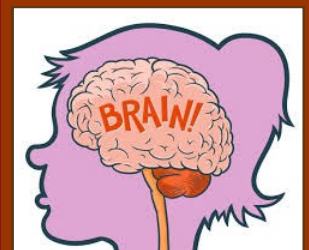
Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



Slide Courtesy of Rob Anda, MD, MS

The CDC views ACEs as one of the major health issues of the 21st century.

While not guaranteeing poor outcomes, ACEs greatly increase the odds. And they are largely preventable!



*Making changes
now can improve a
child's future later*



The ACEs Study: Drs. Felitti and Anda, Co-PIs

An ongoing collaboration of the CDC and Kaiser Permanente

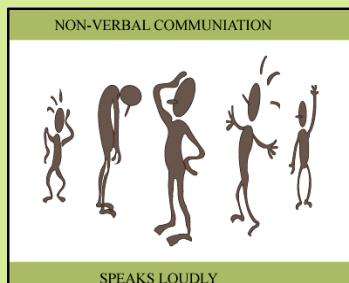
The ACE Study is one of the largest investigations ever conducted to assess associations between childhood stressors and well-being later in life. Participants provided detailed information about childhood experiences of abuse, neglect and family dysfunction by completing a questionnaire at a routine health examination. Over 17,000 members of the Kaiser Health Plan in San Diego County, CA, at an average age of 57 years, participated in the initial phase from 1995 to 1997 and continue to be tracked. This work helped build a new understanding of the cumulative effect of adverse experiences on human development and health.

The likelihood of risky behaviors and/or poor health outcomes increases as the number of ACEs increases. Many, but certainly not every, adult with a history of ACES will experience some health problems and some will have serious difficulties.



ACEs Increase Risk For:

- Ischemic heart disease
- Cancer
- Chronic lung disease, smoking
- Sexually-transmitted diseases
- Liver disease
- Autoimmune disease
- Skeletal fractures
- Multiple medication use
- Depression and/or anxiety
- PTSD
- Suicide
- Poor anger control
- Learning disability and/or attention problems
- Poor social skills, family relationships
- Teen/unintended pregnancy
- Absenteeism, impaired school or job performance, dropping out
- Addiction – alcohol, illicit drugs
- Poor self-assessed health or quality of life
- ...And more



Key Findings: ACEs are strong predictors of health risks & disease in adolescence and beyond



Adverse Childhood Experiences Are Common*

Household dysfunction:	
Substance abuse	27%
Parental separation/divorce	23%
Mental illness	17%
Battered mother	13%
Criminal behavior	6%
Abuse	
Psychological	11%
Physical	28%
Sexual	21%
Neglect	
Emotional	15%
Physical	10%

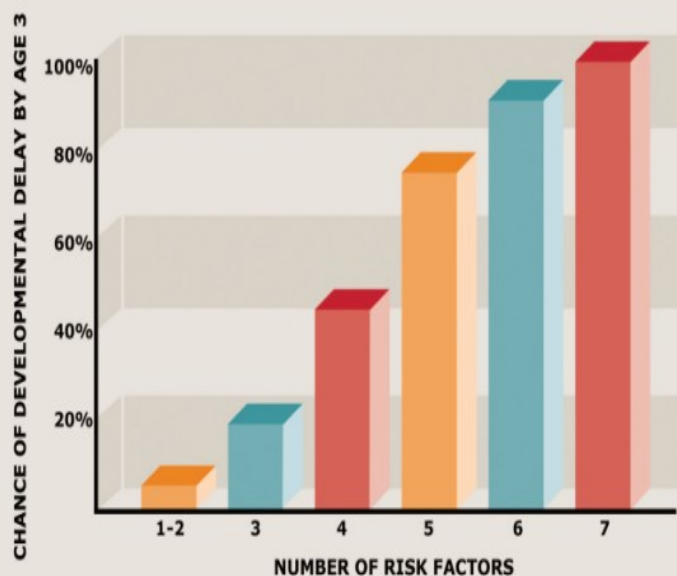
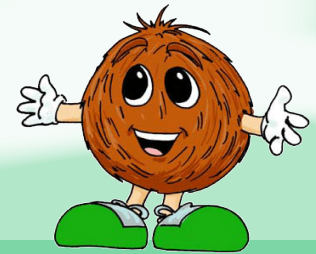
***from the original ACEs**

ACEs & HEALTH

ADVERSE CHILDHOOD EXPERIENCES

ACEs rarely occur in isolation – but rather come in groups and have a cumulative stressor effect.

Of persons reporting at least one ACE, 87% reported at least one other ACE. 70% reported 2 or more others and more than half had 3 or more additional ACEs!



ACEs and Delay in Development

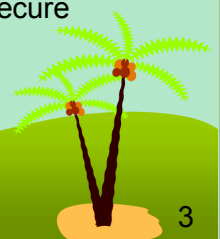
When children, birth to 36 months of age investigated by the child welfare system due to an exposure to maltreatment, are grouped according to the number of exposures to additional risk factors, one sees an increase in the percentage of children demonstrating developmental delay by age 3 years. There is a cumulative effect of multiple risk factors. Reduction of these risk factors would be anticipated to positively affect child outcomes. Additional adverse risk factors include exposures such as low income status, teen and/or single parent household, low caregiver education, four or more children in the home, and minority status.

Barth, R. P., et al. (2008). *Developmental status and early intervention service needs of maltreated children*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
<http://aspe.hhs.gov/hsp/08/devneeds/ch2.htm#B> (accessed 11/12/14)



Addressing Aces In Primary Health Care

The AAP recommends screening children and families for exposure to trauma and adversity. Age of screening and tool/s used, as well as decisions related to universal or targeted implementation are varied and practice dependent, however the development of an age appropriate screening schedule is advised. ⁽¹⁾ Incorporation of a standardized family risk assessment to identify sources of toxic stress, in addition to currently recommended developmental screenings at 9, 18, and 24/36 is recommended. ⁽¹⁾ More specific recommendations (regarding which screening tools to use, when to administer, and how to secure reimbursement) is available in the AAP policy statement on social-emotional screening. ⁽³⁾



Current Procedural Terminology (CPT) code 96110 and 99420 can be used for assessing a child's risk and, if additional visits are needed to address any identified concerns, providers are encouraged to bill for those as well. Additionally, a new CPT code for brief behavioral assessment, 96127, has been included in CPT 2015 to allow the separate reporting of this service.

For more information and suggestions for pediatricians to consider when addressing ACEs in their practice see:

Addressing Adverse Childhood Experiences and Other Types of Trauma in the Primary Care Setting.

http://www.aap.org/en-us/Documents/ttb_addressing_aces.pdf

Social-Emotional Screening for Infants and Toddlers In Primary Care.

<http://pediatrics.aappublications.org/content/129/1/e224.full?sid=23890cdd-dd37-48d6-9b5a-3c15ea20510b>

Promoting Optimal Development: Screening for Behavioral and Emotional Problems. <http://pediatrics.aappublications.org/content/135/2/384.full.pdf+html>

Why are we looking at this issue?

Obviously, understanding the effect that exposure to traumatic events has on a child's short-and long-term physical and mental health is important before changing practice.

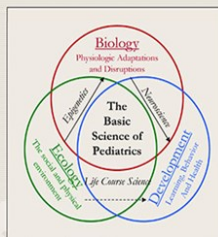
It will be important to educate other clinicians, office staff (including front office staff), and the patients themselves as to why this is such an important issue. For each group, the purpose of this awareness building is different.

What are we looking for?

Once the practice has decided to proceed with addressing the issue of exposure to trauma, the next step will be to determine who should be identified and how. Existing AAP materials, such as **Bright Futures Guidelines**, provide some entry points for these issues.



Eco-Bio-Developmental
Model of Human Health and Disease



Ecology
Becomes **biology**,
And together they drive **development** across the lifespan

The Eco-Bio-Developmental Framework

Advances in science are propelling a shift to an integrated approach to health known as the eco-bio-developmental model which recognizes the impact child development has on human health and disease throughout the lifespan. "Early social and environmental experiences (the ecology) and the genetic predispositions (the biology) influence the development of adaptive behaviors, learning capacities, lifelong physical and mental health, and future economic productivity." ⁽²⁾

The science of epigenetics is revealing that environmental stimuli (the ecology) can alter genetic expression (the biology), modifying the way in which the inherited genetic blueprint is read, utilized, and its heritability to future generations, all without disrupting the underlying DNA

2. Eco-Bio-Developmental Model of Human Health and Disease

<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/Eco-Bio-Developmental.aspx>



Promoting Resilience

As compelling as the predictive power of ACEs is, many people do well despite exposure to adversity.

As a **health care provider** you are in a prime position to provide anticipatory guidance to assist parents and caregivers to proactively build strong social-emotional-language skills. [Bright Futures](#), [Connected Kids](#), [The 7 C's of Resilience](#), [The 6 P's of Purposeful Parenting](#), and [The 5 R's of Early Literacy](#) are recommended to encourage parents and caregivers to “Protect, Relate, and Nurture” (PRN) all of the time to foster healthy development and reduce or mitigate the negative effects of toxic stress.

7 C's of Resiliency

1. *Competence*
2. *Confidence*
3. *Connection*
4. *Character*
5. *Contribution*
6. *Coping*
7. *Control*

The 6 P's of Purposeful Parenting

1. *Purposeful*
2. *Protective*
3. *Personal*
4. *Progressive*
5. *Positive*
6. *Playful*

The 5 R's of Early Literacy

1. *Reading*
2. *Rhyming*
3. *Routines*
4. *Rewards*
5. *Relationships*

Health care providers can help children by:

- Gaining an understanding of ACEs in a child's/family's life
- Helping children identify feelings and control emotions
- Creating environments where children and families feel emotionally and physically safe
- Creating protective factors at home, in schools, and in communities

Protective Factors:

- Parental resilience
- Nurturing and supportive relationships with caring adults
- Social connections and peer relationships
- Knowledge of parenting and child development
- Concrete supports for basic needs (food, housing, health care, etc.)

Early Brain and Child Development (EBCD)

EBCD is also used as a mnemonic device to guide health care provider activities in supporting early brain development: **Explore** the quality of the child's socio-emotional home environment, **Build** relationships, **Cultivate** development, and **Develop** parent confidence and competence. Detailed information available on [Bright Futures: The First 1,000 Days](#).



Medical Home

Children and youth who are exposed to or are victims of violence are in considerable need of the relationship a medical home provides as it may be the one safe link a child has.

A pediatrician-led medical home can help identify issues related to toxic stress, emphasize the importance of relationships on development, promote resilience building activities, and provide connections to services and supports for the child and family.

References:

- ◆ Addressing Adverse Childhood Experiences and Other Types of Trauma in the Primary Care Setting (2014). In *American Academy of Pediatrics*. Retrieved April 16, 2015, from https://www.aap.org/en-us/Documents/ttb_addressing_aces.pdf
- ◆ Eco-bio-developmental Model of Human Health and Disease. In *Early Child Brain Development*. Retrieved April 16, 2015, from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/Eco-Bio-Developmental.aspx>
- ◆ Weitzman, C., & Wegner, L. (2015, February). Promoting Optimal Development: Screening for Behavioral and Emotional Problems [Electronic version]. *Pediatrics*, 135(2). <http://pediatrics.aappublications.org/content/135/2/384.full.pdf+html>



Resources:



One call, one-stop shop – convenient, reliable, and free of charge.

The 211 system brings together all of the information families need in one place, regardless of the type or level of need a family may have – health care, food access, emergency shelter, utilities, senior services, veterans' resources, support for persons with disabilities, child care, help with rent, transportation, and many others. By calling 211, families can get connected to the resources they need.



211 Video: [click to watch video](#)



Benton-Franklin Health District Proclaims APRIL 2015 as Children's Resilience Month



Resources for Practices/Providers

Social-Emotional Screening for Infants and Toddlers in Primary Care:

(Briggs, et.al). In American Academy of Pediatrics. Retrieved May 6, 2011, from <http://pediatrics.aappublications.org/content/129/2/e377.full.pdf>

The Resilience Project: Tools for Practice:

<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Medical-Home-for-Children-and-Adolescents-Exposed-to-Violence/Pages/Tools-For-Practices.aspx>



Trauma Toolbox for Primary Care:

<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx>

Resources for Patients

ACEs Brochure: [http://www.bfhd.wa.gov/Publications/brochures/Adverse%20Childhood%20Experiences%20\(ACEs\)%20Brochure.pdf](http://www.bfhd.wa.gov/Publications/brochures/Adverse%20Childhood%20Experiences%20(ACEs)%20Brochure.pdf)

Benton-Franklin Health District: <http://www.bfhd.wa.gov/ph/aces.php>

Patient Handouts: <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/Patient-Handouts.aspx>

Resilience Trumps ACEs: <http://resiliencetrumpsaces.org/>

National Resources

The ACE Study: <http://www.cdc.gov/violenceprevention/acestudy/>

AAP Early Brain and Child Development: What it means for peds. Translating the science into practice: <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/What-it-Means-for-Pediatricians.aspx>

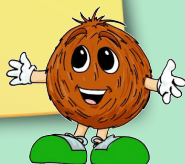
Center on the Developing Child at Harvard University: <http://developingchild.harvard.edu/>

Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health. (Shonkoff, et.al). <http://pediatrics.aappublications.org/content/early/2011/12/21/peds.2011-2662.abstract>





Save the Dates



**SAFE
KIDS
WORLDWIDE™**

Safe Kids
Saturday 2015
is fast approaching!

will be held on Saturday,
May 9th

from 10am-2pm

at a new location this year
the Kadlec Healthplex

(1268 Lee Boulevard)
Richland, WA



Training Opportunity

We'd like to call your attention to an upcoming workshop on: Adverse Childhood Experiences (ACEs) and Primary Care. Learn how awareness of childhood trauma and supporting social-emotional wellness can improve child, youth, family and community health.

Intended Audience: People providing, engaging and connecting with primary care - including physicians, nurses, other primary care staff, community health workers, and other community members working to engage and connect with primary care.

**Registration is limited and is expected to fill fast.
Registration will close May 11.**

Friday, May 15, 2015

Westin Hotel, Downtown Seattle

Cost is \$35 per person

For more information and to register click here:

<http://thrivewa.org/aces-and-primary-care/>

7:00 – 8:00 am Registration, Breakfast and Networking

8:00 – 11:00 am Presentations

Dr. Nadine Burke Harris, Founder and CEO of the Center for Youth Wellness. Dr. Burke Harris has an international reputation for her innovative approach to addressing ACEs as a risk factor for health problems.

Panel presentations about intervention models in Washington State to improve child, youth, family and community health by supporting social-emotional wellness:

Reach Out and Read Washington State - Jill Sells, MD, Executive Director-
Promoting First Relationships in Pediatric Primary Care (PFR-PPC) - Susan Spieker, PhD, Director, Barnard Center of Infant Mental Health and Development, University of Washington School of Nursing, and Jeannie Larsen, MD, one of two physician members of the team that developed PFR-PPC, and who are currently implementing the model.

Triple P (Positive Parenting Program) – Primary Care Demonstration Project - Scott Waller, Prevention Integration Systems Manager, Department of Social and Health Services, Division of Behavioral Health and Recovery
Youth Behavioral Health Coordination Project, Cascade Pacific Action Alliance – Winfried Danke, M.Sc., Dipl. Pol., Executive Director, CHOICE Regional Health Network

WA Frontiers of Innovation (FOI) & FOI Harvard Center on the Developing Child – Early Identification of Risk Cohort Study – Anne Stone, MA, MPA, State Director